

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|-----------|
| FEE DETERMINATION | Smc | | 5/25/05 |
| O.I.P.E. CLASSIFIER | ELW | 11 | 6/11/2005 |
| FORMALITY REVIEW | NH | 617 | 7-14-05 |
| RESPONSE FORMALITY REVIEW | LH | 60105 | 10-13-05 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
| 2 | 0 |
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| Claim | Date |
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| Claim | Date |
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| Final Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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